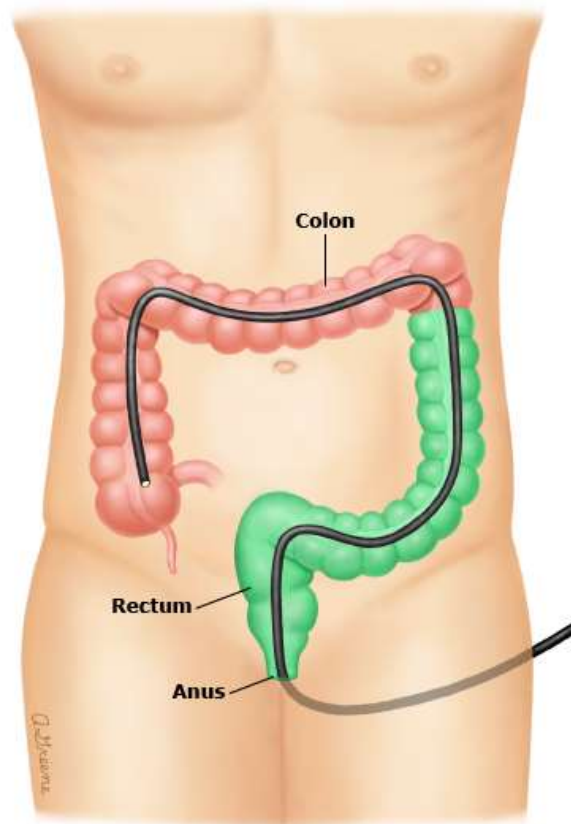


Colonoscopy & Sigmoidoscopy

A colonoscopy allows the doctor to see the whole colon (shown in pink and green). A sigmoidoscopy allows the doctor to see only the last part of the colon (shown in green). For a colonoscopy, the colon needs to be completely cleaned by drinking a bowel preparation. Usually a sigmoidoscopy involves taking 2 enemas to clear out the bottom 1/3 of the colon.



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During a colonoscopy or a sigmoidoscopy, you lie on your side, and the surgeon puts a thin tube with a camera into your anus (from behind). Then the doctor or nurse advances the tube into the rectum and colon. The camera sends pictures from inside your colon to a television screen.

When a colonoscopy is recommended

Cancer Care Ontario has recently updated its Colon Cancer Screening Guidelines to help doctors determine whether or not to recommend a colonoscopy for their patients:

<https://www.cancercareontario.ca/en/types-of-cancer/colorectal/screening>

Types of polyps found on colonoscopy and what they mean

Colon polyps arise from the inner layer of the colon and over time turn into colon cancer. One of the primary goals of colonoscopy is to detect these polyps early and remove them. Some patients, including those with a family history of colon cancer in a first degree relative (parent, sibling, child) have a higher risk of having polyps. Patients with a personal history of previous polyps found on colonoscopy and patients with inflammatory bowel disease (Crohn's disease and Ulcerative Colitis) also have a higher risk of having colon polyps.

If you are recommended to have a colonoscopy and polyps are found, your surgeon will ask a Pathologist to look at the polyps under the microscope to determine what type they are and if they have any precancer in them. This usually takes 4-6 weeks. Once the pathology results come back, your surgeon can recommend if you need further treatment with colon surgery (rare) and when your next colonoscopy should happen.

There are 2 main types of colon polyps that are found: adenomatous and hyperplastic.

Hyperplastic polyps are benign (noncancerous) when they are small and in the left side of the colon. When they occur in the right side of the colon they can be larger and are called sessile serrated polyps. These polyps should be removed as they can turn into cancer over time.

Adenomas or adenomatous polyps are precancerous and should be removed. The interval time to your next colonoscopy is based on the size and number of these polyps found.

Occasionally, a polyp is unable to be removed at the time of your colonoscopy and a surgery needs to be performed to remove it. This is uncommon and we will meet with you in the clinic to discuss this if necessary.

If you know that your first degree family members (parents, siblings, children) have large/multiple colon polyps or have had a colon cancer, please let us know. This information changes our recommendation of how often you should have a colonoscopy.